



# Confidentiality and Privacy



Notice of Confidentiality and Privacy Practices

**The privacy of your personal and health information is important to us. Please review it carefully.**

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information.**

## **Protecting Your Personal and Health Information**

Blue Shield of California understands the importance of keeping your personal and health information private. Personal and health information includes both medical information and individually identifiable information, such as your name, address, telephone number or social security number. This is a notice of Blue Shield's confidentiality and privacy practices, our legal duties and your rights concerning your personal and health information. In accordance with State and Federal law below are Blue Shield's privacy practices. While many of these practices are already in place, certain provisions\* take effect April 1, 2003, and will remain in effect unless otherwise replaced or modified.

We may modify or change our privacy practices from time to time, particularly as new laws and regulations become effective. Any changes will be effective for all

the personal and health information that we maintain, even information in existence before the change. If we materially modify our privacy practices, we will provide you with a new notice advising you of these changes.

For more information about our confidentiality and privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

## **Blue Shield's Uses and Disclosures of Your Personal and Health Information**

Blue Shield of California may use and disclose your personal and health information, without your authorization, only in the following ways:

**Treatment:** We may disclose your personal and health information to a provider who requests this information to treat you.

**Payment:** We may use and disclose your personal and health information to pay claims for covered services provided to you.

**Health Care Operations:** We may use and disclose your personal and health information to determine dues for your health plan, to conduct quality improvement activities, to engage in care coordination

and case management, and other similar activities.

**Plan Sponsors:** We may disclose your personal and health information to the plan sponsor to permit it to perform plan administration functions. Please see your plan documents for a full explanation of the limited uses and disclosures that the plan sponsor may make of your personal and health information.

**Underwriting:** We may collect your personal and health information for underwriting, dues rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or further disclose this personal and health information for any other purpose, except as required by law. If you become a Blue Shield member, we will use and disclose your personal and health information only as described in this notice.

**Health & Wellness Information:** We may use your personal and health information to contact you with information about health-related services, appointment reminders or treatment alternatives. If you do not wish to receive this type of information, you may request to opt-out of receiving this information from Blue Shield of California by sending an email to [blueshieldca\\_privacy@blueshieldca](mailto:blueshieldca_privacy@blueshieldca)

.com or calling the phone number (888) 266-8080. However, you will still continue to receive general, non-personal information, such as Blue Shield newsletters.

**Family and Friends:** We may disclose your personal and health information to a family member, friend or other person if you are unavailable to agree such as in a medical emergency or disaster relief. We will disclose this information only to the extent necessary to help with your health care or with payment for your health care.

#### **Research; Death; Organ**

**Donation:** We may use or disclose your personal and health information for research purposes in limited circumstances. We may disclose the personal and health information of a deceased person to a coroner, medical examiner, funeral director or organ procurement organization for certain purposes.

**Public Health and Safety:** We may use and disclose your personal and health information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your personal and health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

**Required by Law:** We will use or disclose your personal and health information when we are required to do so by law.

**Process and Proceedings:** We may disclose your personal and health information in response to a court or administrative order, subpoena, discovery request or other lawful process.

**Law Enforcement:** We may disclose limited information to a law enforcement official concerning the personal and health information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the personal and health information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances.

**Military and National Security:** We may disclose to Military authorities the personal and health information of Armed Forces personnel. We may disclose to authorized federal officials personal and health information required for lawful intelligence, counterintelligence and other national security activities.

### **Authorization to Release Personal and Health Information**

In addition to the disclosures listed above, Blue Shield will release Your Personal and Health Information:

**To You:** We will disclose your personal and health information to you, as described in the Individual Rights section of this notice.

#### **With Your Written**

**Authorization:** We may not use or disclose your personal and health information without your written authorization, except as described in this notice. To obtain an authorization form, please contact us using the information listed at the end of this notice. Once you've given us a written authorization, you can revoke that authorization at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

### **Individual Rights**

**Access:** You have the right to access your personal and health information. You must make a request in writing to obtain access to your personal and health information. You may obtain a form to request access by using the contact information listed at the end of this notice. You have the right to obtain copies of your personal

and health information, with certain exceptions. You may request that we provide copies in a format other than photocopies. Please note that if you request copies, we will charge you a fee for each page.

**\*Disclosure Accounting:** You have the right to an accounting of disclosures of your personal and health information made by Blue Shield. You can request, in writing, that we provide you with an accounting of instances when Blue Shield of California, or our business associates disclosed your personal and health information for purposes other than treatment, payment, health care operations, upon your written authorization, and certain other activities. We will begin maintaining disclosures for up to six years starting April 1, 2003. If you request this accounting more than once in a 12-month period, then we may charge you a reasonable, cost-based fee.

**\*Restriction Requests:** You have the right to request restrictions on the use and disclosure of your personal and health information. You can request, in writing, that we place additional restrictions on the use or disclosure of your personal and health information. We are not required to agree to these additional restrictions, but if we elect to do so, we will abide by our agreement (except in an emergency).

**\*Confidential Communication:**

You have the right to receive certain communications confidentially. You can request that we communicate with you in confidence about your personal and health information by alternative means or to an alternative location. We will accommodate your request if it is reasonable, specifies the alternative means or location and continues to permit us to collect dues and pay claims under your health plan.

**Amendment:** You have the right to amend your personal and health information. You must make a request in writing to obtain an amendment. Your written request must explain why the information should be amended. If we amend the information for you, we will make reasonable efforts to inform others of the amendment and to include the changes in any future disclosures of that information. You can submit a written statement of disagreement to be appended to the information you wanted amended.

**Electronic Notice:** If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

## Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your personal and health information you may complain to us using the contact information listed at the end of this notice. You also may submit a written complaint to the U.S. Department of Health and Human Services.

We support your right to protect the privacy of your personal and health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

## Contact Information

### Contact Office:

Blue Shield of California  
Privacy Official

**Telephone:** (888) 266-8080

**Fax:** (800) 201-9020

**E-mail:**  
blueshieldca\_privacy@blueshieldca.com

### Address:

Blue Shield of California Privacy  
Official P.O. Box 272540, Chico,  
CA 95927-2540